

Thank you for your interest in volunteering with us.

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
CELL PHONE:	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Foster Animals |
| <input type="checkbox"/> Events | <input type="checkbox"/> Home Checks |
| <input type="checkbox"/> Field work | <input type="checkbox"/> Run Errands |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Deliveries | Other: _____ |
| <input type="checkbox"/> Phone bank | _____ |
| <input type="checkbox"/> Newsletter production | _____ |
| <input type="checkbox"/> Volunteer coordination | |

REFERENCES

Please list **TWO** references that can vouch for your character as a volunteer with animals.

#1Name:	Address:	
Phone:	Email:	Relationship:
#2Name:	Address:	
Phone:	Email:	Relationship:

Special Skills or Qualifications

Please tell us about any special skills or/and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

If you've volunteered before, please summarize your previous volunteer experience:

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Cell Phone:	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Please email this form to secondchanceadoptions2012@gmail.com.
Thank you for completing this application form and for your interest in volunteering with us.**